

Commonwealth of Virginia State Health Benefits Program

Retiree Monthly Premiums* for July 1, 2019 - June 30, 2020

Please note: Get a premium reward if you are enrolled in COVA Care or COVA HealthAware! You or your spouse can complete a health assessment to pay \$17 less a month or \$34 less when both of you meet the requirement.

Health Care Plans		Premium			Premium with Rewards				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus One		You Plus Two or More	
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
COVA Care	Total Premium	\$779	\$1,440	\$2,089	\$762	\$1,423	\$1,406	\$2,072	\$2,055
COVA Care + Out-of-Network	Total Premium	\$797	\$1,473	\$2,138	\$780	\$1,456	\$1,439	\$2,121	\$2,104
COVA Care + Expanded Dental	Total Premium	\$812	\$1,501	\$2,178	\$795	\$1,484	\$1,467	\$2,161	\$2,144
COVA Care + Out-of-Network + Expanded Dental	Total Premium	\$830	\$1,534	\$2,227	\$813	\$1,517	\$1,500	\$2,210	\$2,193
COVA Care + Expanded Dental + Vision & Hearing	Total Premium	\$831	\$1,536	\$2,229	\$814	\$1,519	\$1,502	\$2,212	\$2,195
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Total Premium	\$849	\$1,569	\$2,278	\$832	\$1,552	\$1,535	\$2,261	\$2,244
COVA HealthAware	Total Premium	\$694	\$1,287	\$1,861	\$677	\$1,270	\$1,253	\$1,844	\$1,827
COVA HealthAware + Expanded Dental	Total Premium	\$725	\$1,344	\$1,945	\$708	\$1,327	\$1,310	\$1,928	\$1,911
COVA HealthAware + Expanded Dental & Vision	Total Premium	\$736	\$1,365	\$1,974	\$719	\$1,348	\$1,331	\$1,957	\$1,940
COVA HDHP	Total Premium	\$584	\$1,086	\$1,587	<p>*Premiums and plan benefits may change subject to final state budget approval.</p> <p>**Washington State residents contact the Office of Health Benefits for mandated premium amount</p>				
COVA HDHP + Expanded Dental	Total Premium	\$616	\$1,145	\$1,673					
Kaiser Permanente HMO – (available primarily in Northern Virginia)	Total Premium	\$659	\$1,212	\$1,766					
Optima Health Vantage HMO (available in Hampton Roads area)	Total Premium	\$760	\$1,407	\$2,038					
TRICARE Voluntary Supplement**	Total Premium	\$61	\$120	\$161					